

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S) 097937468	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	0		/			
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TOTAL IND.	/	↓	/	↓		↓
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TOTAL CLAIMS	10	████████	8	████████		████████

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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████		████████		████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy